

Appendix

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GOVERNOR'S GRANT-IN-AID PROGRAM
GRANTEE CHECK LIST

GRANTEE: _____

INSTRUCTIONS: The Application Check List is provided to serve as a guide to help ensure the submission of a complete application.

Return three (3) copies of the completed application (an original and two copies; original must contain original signatures).

APPLICATION:

_____ Application Overview

_____ Applicant Information Form

_____ Application Authorization

Section A:

_____ Program Narrative

_____ Project Budget Detail Form

_____ Budget Narrative describing each category of the budget as listed on Budget Detail Form

Section B:

_____ Grant Agreement Certification

_____ General Conditions and Assurances Applicable to Grants Awarded

_____ Resolution of Participation and Certification by Recording Officer

_____ List of Board of Directors/Officers

_____ Annual Report, or Form 990-Income Tax Return

_____ List of Income Sources Related to this Application

_____ New Jersey Charitable Registration

_____ Proof of New Jersey Business Registration

_____ Proof of License/Certification (if applicable)

NOTE: ***ONLY COMPLETE APPLICATIONS CAN BE PROCESSED. IT IS IMPORTANT THAT ALL OF THE ABOVE-CITED ITEMS BE SUBMITTED WITH THE APPLICATION.***

APPLICATION OVERVIEW
(use this page as the application cover page)

Name of Applicant: _____

Title of Project: _____

Amount Requested (*Maximum is \$50,000*): \$ _____

Type of Agency: ☐ State ☐ County ☐ Municipality ☐ Nonprofit

1. What County is your agency located in: _____

2. Will the project target victims in more than one county? ☐ Yes ☐ No

If yes, please list all counties below: (Note: If project will serve victims in all counties, then write statewide.)

3. Type of Grant: ☐ New ☐ Continuing ☐ Expansion

4. Have you been designated by the Department of Community Affairs, Division on Women as the lead **sexual assault agency in your county?** ☐ Yes ☐ No

5. Have you been designated by the Department of Children and Families as the lead **domestic violence agency in your county?** ☐ Yes ☐ No

6. What type(s) of victims will project target:

☐ Sexual Assault ☐ Domestic Violence ☐ Dating Violence ☐ Stalking

Applicant Information Form

Official Name of Applicant Agency:

Address:

City/State:

Zip Code:

County:

Implementing Agency (if different than applicant)

Agency Website:

Fiscal Year Start Date:

Federal ID Number:

If applicant is a nonprofit agency and is also registered as a charitable organization, please provide Charitable Registration Number:

Have there been any findings filed against the agency in regard to its charitable status?

☐ Yes

☐ No

If yes, please explain on a separate sheet.

Name and Title of Chief Executive/Agency Director:

Street Address, City, State, Zip Code (if different from above)

Telephone:

Ext.

Email:

Fax:

Name and Title of Project Director:

Street Address, City, State, Zip Code (if different from above)

Telephone:

Ext.

Email:

Fax:

Name and Title of Contact Person:

Street Address, City, State, Zip Code (if different from above)

Telephone:

Ext.

Email:

Fax:

Name and Title of Chief Financial Officer:

Street Address, City, State, Zip Code (if different from above)

Telephone:

Ext.

Email:

Fax:

Name and Title of Fiscal Contact Person:

Street Address, City, State, Zip Code (if different from above)

Telephone:

Ext.

Email:

Fax:

**STATE OF NEW JERSEY
GOVERNOR'S GRANT-IN-AID PROGRAM
APPLICATION AUTHORIZATION**

APPLICATION AUTHORIZATION

Authorization to submit application to the Department of Law and Public Safety,
Division of Criminal Justice for a project entitled:

at an estimated total project cost of \$_____.

The undersigned agrees upon approval of this project on behalf of the unit of government, agency or non-profit organization, to comply with the conditions applicable to grants awarded. The undersigned's signature indicates that the information provided within the application is accurate and complete and that the applicant intends to comply with all conditions applicable to grants awarded pursuant to the Governor's Grant-in-Aid Program. Further, the undersigned makes the assurances concerning non-supplanting of local funds with state and federal funds.

This application consists of the following attachments in addition to this form:

1. Program Narrative,
2. Project Budget Detail,
3. Budget Narrative,
4. General Conditions & Assurances,
5. Grant Agreement Certification,
6. Resolution of Participation and Certification of Recording Officer,
7. New Jersey Charitable Registration,
8. New Jersey Business Registration,
9. Applicable Licenses and Permits,
10. Form 990-Income Tax Return or audited financial statements,
11. Applicable list of Officers/Directors/Trustees.

As the duly authorized representative of the applicant-grantee, I hereby certify that the applicant-grantee will comply with the above-referenced provisions. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature

Printed Name

Title (Freeholder-Director, County Executive, Agency Director)

Governing Body

Date

[WS rev'd 3/09]

Applicant:_____

Budget Detail Form									
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[illegible]

Applicant: _____

Budget Detail Form									
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[illegible]

Applicant: _____

Budget Detail Form

COST ELEMENT	Federal Share	Match Share	Project Total
D. Consumable Supplies, Postage, Printing.			
Total Consumable Supplies			
E. Facilities, Office space, Utilities, Equipment Rental.			
Total Facilities			
F. Equipment			
List: (or explain in attached budget narrative)			
Total Equipment			

Applicant:_____

<div style="text-align: center;"> Budget Detail Form </div>	
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COST ELEMENT	Federal Share	Match Share	Project Total
G. Outreach			
Total Outreach			
H. Victim Aid			
Total Victim Aid			
Total Project Costs			

**STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE**

GOVERNOR'S GRANT-IN-AID PROGRAM

GENERAL CONDITIONS AND ASSURANCES

1. The Grantee agrees that it will maintain data and information and submit timely reports, including programmatic and financial reports, as the Department of Law and Public Safety (L&PS) and the Division of Criminal Justice (DCJ) may require. If reports are not submitted as required, L&PS may, at its discretion, suspend payments on this grant. The State of New Jersey may, at its discretion, take such action to withhold payments to the grantee on this or any grant with other state agencies until the required reports have been submitted.
2. The Grantee agrees that it possesses legal authority to apply for the grant; that, if applicable, a resolution or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required. The Grantee agrees that it has the institutional, managerial, and financial capability to ensure proper planning, management, and completion of the project described in this application.
3. The Grantee agrees that it will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties. The Grantee agrees that it will comply with state standards prohibiting conflicts of interest according to N.J.S.A. 52:13-D-13b,e,i and g.
4. The Grantee agrees to comply with all requirements imposed by L&PS and DCJ and agrees to comply with all Federal, State and municipal laws, rules, regulations, guidelines, directives, codes and state circular letters (including licenses, permits, registrations and background checks) generally applicable to the activities in which the Grantee is engaged in the performance of this grant. The Grantee holds required State licenses, permits, and registrations. Failure to comply with these laws, rules, regulations, codes and state circulars will be grounds for termination of this grant.
5. The Grantee agrees that funds made available under Governor's Grant-in-Aid Program will not be used to supplant local funds, but will be used to increase the amounts of such funds that would, in the absence of grant funds, be made available for grant activities.
6. The Grantee assures that it and its contractors will not discriminate in employment practices and the Grantee and its contractors agree to comply with the requirements of the State's anti-discrimination and affirmative action laws and regulations, including N.J.A.C. 17:27, applicable provisions of N.J.S.A. 10:5, et al., and P.L. 1975, c. 127 and all implementing

regulations. Failure to comply with these laws, rules, regulations, and state circulars will be grounds for termination of this award.

7. The Grantee understands and agrees to comply with State Treasury Circular Letter OMB 93-13-GSA regarding Debarments, Suspensions & Disqualifications. Grantee and its subcontractors will not conduct business with ineligible firms or individuals who are considered debarred, suspended or disqualified. The Grantee is in good standing with all State and Federal agencies with which they have had an existing grant or contractual relationship.
8. The Grantee agrees to comply with the minimum wage and maximum hours provision of the Federal Fair Labor Standards Act and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.26 et seq.
9. The Grantee agrees to maintain an adequate financial management system in accordance with generally accepted principles of accounting. The Grantee shall maintain accurate and current financial reports, accounting records, internal controls, budget controls, and cash management procedures for receiving, holding, and expending grant funds. The Grantee shall maintain accurate and complete disclosure of financial results of each grant in the Quarterly Financial Report, have procedures to determine allowable costs, and provide source documentation for financial records.
10. As required under the Federal Single Audit Act of 1984, Pub. L. 98-502, as amended, the Grantee agrees to comply with the organizational audit requirements of Federal OMB Circular, A-133, Audits of States, Local Governments and Non-Profit Organizations, Government Accountability Office's Government Auditing Standards (Yellow Book), and the State of New Jersey, Department of Treasury, Circular Letter (State Circular Letter) 04-04-OMB, Single Audit Policy for Recipients of Federal Grants, State Grants and State Aid Payments. The Grantee agrees to submit to DCJ any copies of any exceptions and/or findings regarding this project as a result of a single audit. The Grantee immediately will report to DCJ any changes in its fiscal year.
11. The Grantee agrees that grant funds will be used only for allowable costs as determined according to applicable federal cost principles specific to the Grantee (e.g., Federal OMB Circular A-21, A-87, A-102, A-110, A-122, A-133, etc.), according to the State Treasury Circular Letter 07-05-OMB, Standard Grant Agreement Form, X. Allowable Costs.
12. The Grantee agrees that L&PS may review the adequacy of the financial management system of any applicant for financial assistance as part of a pre-award review or at any time subsequent to the award. If L&PS determines that the Grantee's accounting system does not meet the standards described in State Circular letter 07-05 OMB, VIII Financial Management Systems, then additional information to monitor the grant may be required by L&PS upon written notice to the Grantee, until such times as the system meets with L&PS approval.

13. The Grantee agrees to provide information required for any evaluation conducted by L&PS, DCJ, and the State of New Jersey.
14. The Grantee agrees to report any Budget Revisions or Grant Extensions as follows:
 - a. Any deviations from the approved budget or extensions in the grant period must meet the requirements outlined in the Program Guidelines. Grantee should be aware that approved budget revisions may result in the imposition of additional special conditions.
 - b. L&PS may request changes in the scope of services of the Grantee to be performed hereunder. Such changes, which are mutually agreed upon by and between L&PS and the Grantee, must be incorporated in written amendments to this grant.
 - c. If the Grantee is making program expenditures or providing grant services at a rate which, in the judgment of L&PS, will result in substantial failure to expend the grant amount or provide grant services, L&PS may so notify the Grantee. If, after consultation, the Grantee is unable to develop to the satisfaction of L&PS a plan to rectify its low level of program expenditures or grant services, L&PS may upon thirty (30) days notice to the Grantee, reduce the grant amount by a sum so that the revised grant amount fairly projects program expenditures over the grant period. This reduction shall take into account the Grantee's fixed costs and shall establish the committed level of services for each program element of grant services at the reduced grant amount. If such a determination is made by L&PS subsequent to the awarding of the grant and the funds have already been received by the Grantee, the reduced amount will be remitted to L&PS.
 - d. The Grantee agrees that should circumstances affecting the grant-funded project change it will immediately contact DCJ in writing and advise of such changes; and prior to (or not timely) expending any grant funds other than as contained on the approved budget.
15. The Grantee agrees that all income earned by the Grantee from grant-supported activities is deemed program income. Program income includes any interest earned of \$250 or more in a fiscal year on advances of grant funds. The Grantee agrees to add program income to funds committed to the program to further eligible program objectives.
16. The Grantee agrees that property furnished by L&PS or acquired in whole or in part with L&PS shall be utilized and disposed of in a manner generally consistent with state and federal requirements.
17. The Grantee agrees that procurement of supplies, equipment, and other services with funds provided by this grant shall be accomplished in a manner generally consistent with state requirements. Adherence to the standards contained in the applicable state laws and regulations does not relieve the Grantee of the contractual responsibilities arising under its procurements. The Grantee is the responsible authority, without recourse to L&PS, regarding the settlement and satisfaction of all contractual and administrative issues arising out of procurement entered in support of a grant.

18. The Grantee agrees that L&PS and DCJ reserve a royalty-free, non-exclusive and irrevocable license to reproduce, publish, or otherwise use, and authorize others to use: the copyright in any work developed from activities supported by this grant, and any rights of copyright to which a grantee purchases ownership with support. The Grantee agrees that L&PS reserves the right to require the Grantee not to publish any work, which right shall not be exercised unreasonably. The Grantee assures that any publication by the Grantee shall include, on the title page, a standard disclaimer of responsibility by L&PS for any opinions or conclusions contained therein.
19. The Grantee agrees to give the New Jersey Attorney General, L&PS and DCJ through any authorized representative, access to and the right to examine all paper and electronic records, books, papers, and documents related to the grant including pertinent accounting records, books, documents, and papers as may be necessary to monitor and audit the Grantee's operations. L&PS reserves the right to have access to all work papers produced in connection with audits made by the Grantee or independent certified public accountants, registered municipal accountants or licensed public accountants hired by the Grantee to perform such audits.
20. The Grantee agrees to retain all grant records for a period of seven years, unless otherwise directed by DCJ, state, or federal statute. The Grantee agrees that this period is extended until otherwise directed if there is any litigation, claim, negotiation, action, or audit finding involving grant records is started before the end of the seven-year period.
21. Grantee recognizes and agrees that continuation of funding under this grant is expressly dependent upon the availability to L&PS of funds appropriated by the State Legislature from state or federal revenue or such other funding sources as may be applicable. L&PS shall not be held liable for any breach of this agreement because of the absence of available funding.
22. If the Grantee materially fails to comply with the terms of an award, whether stated in a state or federal statute or regulation, an assurance, general condition, special condition, in a state plan or application, a notice of award, or elsewhere, the Grantee agrees that L&PS may take one or more of the following actions, as appropriate in the circumstances:
 - a. Temporarily withhold cash payments pending correction of the deficiency by the Grantee or take more severe enforcement action.
 - b. Disallow all or part of the cost of the activity or action not in compliance.
 - c. Wholly or partly suspend or terminate the current award for the Grantee's program.
 - d. Withhold further awards for the program.
 - e. Request the balance of grant funds to be returned and/or seek reimbursement for funds expended that were not in compliance with the terms and conditions of the grant agreement.
 - f. Take other remedies that may be legally available.
23. When the Grantee has failed to comply with grant award requirements, stipulations, standards, or conditions, the Grantee agrees that L&PS may suspend the grant and withhold further payments; prohibit the Grantee from incurring additional obligations of grant funds pending corrective action by the Grantee; or decide to terminate the grant in accordance with

the below paragraph. L&PS shall allow all necessary and proper costs, which the Grantee could not reasonably avoid during the period of suspension, provided they meet federal and state requirements.

24. The Grantee agrees that L&PS may terminate the grant in whole or in part whenever it is determined that the Grantee has failed to comply with the conditions of the grant. L&PS shall notify the Grantee in writing of the determination and the reasons for the termination together with the effective date. Payments made to the Grantee or recoveries by L&PS under the grant terminated for cause shall be in accord with the legal right and liability of the parties.
25. L&PS and the Grantee may terminate the grant in whole, or in part, when both parties agree that the continuation of the project would not produce beneficial results commensurate with the further expenditure of funds. The two parties shall agree upon the termination conditions, including the effective date and in case of partial terminations, the portion to be terminated. The Grantee shall not incur new obligations for the terminated portion after the effective date and shall cancel as many outstanding obligations as possible.
26. The Grantee agrees that under certain instances it may be considered "High Risk":
 - a. If L&PS determines that a Grantee:
 - i. Has a history of unsatisfactory performance.
 - ii. Is not financially stable.
 - iii. Has a financial management system which does not appear adequate according to the General Conditions, or meet the standards expressed according to State Circular Letter 07-05-OMB, Standard Grant Agreement Form, VIII Financial Management System.
 - iv. Has not conformed to terms and conditions of previous awards.
 - v. Is otherwise not responsible;

and L&PS determines that an award will be made; special conditions and/or restrictions shall correspond to the high risk condition and shall be included in the award.

- b. If a Grantee is considered "High Risk," then L&PS may impose additional special conditions or restrictions on the Grantee at any time including:
 - i. Payment on a reimbursement basis.
 - ii. Withholding authority to proceed to the next phase until receipt or evidence of acceptable performance within a given funding period.
 - iii. Requiring additional, more detailed financial reports.
 - iv. Additional project monitoring.
 - v. Requiring the Grantee to obtain technical or management assistance.
 - vi. Establishing additional prior approvals.

- c. If L&PS decides to impose such special conditions, L&PS will notify the Grantee as soon as possible, in writing, of:
 - i. Has the nature of the special conditions/restrictions.
 - ii. The reason(s) for imposing the special conditions.
 - iii. The corrective actions that must be taken before the special conditions will be removed by the Department and the time allowed for completing the corrective actions.
 - iv. The method of requesting reconsideration of the conditions/restrictions imposed.
- 27. The Grantee understands and agrees that, in compliance with the Corruption of Public Resources Act, N.J.S.A. 2C:27-12, it cannot knowingly misuse state grant funds for an unauthorized purpose, and violations under this act could result in a prison term of up to 20 years, and, under N.J.S.A. 2C:30-8, subject to a fine of up to \$500,000.
- 28. The Grantee agrees that it shall be solely responsible for and shall keep, save, and hold the State of New Jersey harmless from all claims, loss, liability, expense, or damage resulting from all mental or physical injuries or disabilities, including death, to its employees or recipients of the Grantee's services or to any other persons, or from any damage to any property sustained in connection with the delivery of the Grantee's services that results from any acts or omissions, including negligence or malpractice, of any of its officers, directors, employees, agents, servants or independent contractors, or from the Grantee's failure to provide for the safety and protection of its employees, whether or not due to negligence, fault, or default of the Grantee. The Grantee's responsibility shall also include all legal fees and costs that may arise from these actions. The Grantee's liability under this agreement shall continue after the termination of this agreement with respect to any liability, loss, expense, or damage resulting from acts occurring prior to termination.
- 29. The Recipient shall recognize and agree that both the initial provision of funding and the continuation of such funding under the Agreement is expressly dependent upon the availability to the Department of funds appropriated by the State Legislature from State and/or Federal revenue or such other funding sources as may be applicable. A failure of the Department to make any payment under this Agreement or to observe and perform any condition on its part to be performed under the Agreement as a result of the failure of the Legislature to appropriate shall not in any manner constitute a breach of the Agreement by the Department or an event of default under the Agreement and the Department shall not be held liable for any breach of the Agreement because of the absence of available funding appropriations. In addition, future funding shall not be anticipated from the Department beyond the duration of the award period set forth in the Grant/Loan Agreement and in no event shall the Agreement be construed as a commitment by the Department to expend funds beyond the termination date set in the Grant/Loan Agreement.

CERTIFICATION

I certify that the programs proposed in this application meet all the requirements of the Governor's Grant-in-Aid Program; that all the information presented is correct; that there has been appropriate coordination with affected agencies; and that the applicant will comply with the provisions of this grant program and all other applicable federal and state laws, regulations, and guidelines.

Grantee

Signature of Authorized Official

**Title of Authorized Official
(County Freeholder-Director
or Executive; State Agency Head)**

Printed Name of Authorized Official

Date

to
Grantee's Fiscal Year [Start date/End date]

[WS rev'd 3-09]

**STATE OF NEW JERSEY
GOVERNOR'S GRANT-IN-AID PROGRAM
GRANT AGREEMENT CERTIFICATION**

_____, being eighteen years of age or older, hereby certifies:
Name

1. I am _____ of the _____
Title Name of governmental entity/

_____, hereafter referred to as the "Grantee." I am
non-profit organization receiving grant funds

submitting this certification in conjunction with the provision of grant funds in the amount of
_____ to the Grantee by the Division of Criminal Justice under the
Dollar amount of funds

Governor's Grant-in-Aid Program. In making this certification, I understand that the Division of Criminal Justice will rely upon the statements made herein in processing this application and with making provision of the grant funds in question.

2. I have reviewed the contents of the application which has been submitted by the Grantee for such funding and hereby certify that the factual statements and data set forth in the application and attachments are true to the best of my knowledge and belief.

3. I also hereby certify that I am responsible for authorizing expenditures and disbursements of grant funds; that I will be responsible for undertaking the programs and activities described in the application; that I have reviewed and am familiar with all statutory and regulatory requirements pertaining to the use of the funds being provided to undertake such programs and activities; and that I have sought and obtained legal advice from the Grantee's legal counsel as I have considered appropriate or necessary in this regard.

4. I further certify that I will ensure that the Grantee will utilize the funds being provided by the Division of Criminal Justice to carry out the programs and activities specifically described in the application.

5. I further certify that I will ensure that the Grantee will, in utilizing the funds being provided by the Division of Criminal Justice, comply with any and all statutory and regulatory requirements pertaining to the use of such funds.

6. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by are wilfully false, I am subject to punishment.

Signature

Title

Printed Name

Date

[WS rev'd 3-09]

**STATE OF NEW JERSEY
GOVERNOR'S GRANT-IN-AID PROGRAM**

RESOLUTION OF PARTICIPATION

A RESOLUTION APPROVING PARTICIPATION WITH THE STATE OF NEW JERSEY IN THE GOVERNOR'S GRANT-IN-AID PROGRAM ADMINISTERED BY THE DIVISION OF CRIMINAL JUSTICE, DEPARTMENT OF LAW AND PUBLIC SAFETY.

WHEREAS, the _____ wishes to apply
Applicant Unit of Government/Non Profit Organization

for funding for a project under the Governor's Grant-in-Aid Program, and

WHEREAS, the _____ has reviewed the
Applicant's Governing Body/Board of Directors

accompanying application and has approved said request, and

WHEREAS, the project is a joint effort between the Department of Law and Public
Safety and _____ for the purpose
Applicant's Unit of Government/Non Profit Organization

described in the application;

THEREFORE, BE IT RESOLVED by the _____ that:
Applicant's Governing Body/Board of Directors

1. As a matter of public policy the _____ wishes to
Applicant's Unit of Government/Board of Directors
participate to the fullest extent possible with the Department of Law and Public Safety.
2. The Attorney General will receive funds on behalf of the applicant.
3. The Division of Criminal Justice shall be responsible for the receipt and review of the
applications for said funds.
4. The Division of Criminal Justice shall initiate allocations to each applicant as authorized.

5. The following are the applicant's authorized signatories for the grant agreement documents, detailed cost statements, State payment vouchers and programmatic progress reports:

Name

Title

Name

Title

Name

Title

We certify that the information contained in, or included with, this contract document is accurate and complete.

Chairperson, Board of Director

Date

Executive Director

Date

STATE OF NEW JERSEY

GOVERNOR'S GRANT-IN-AID PROGRAM

CERTIFICATION OF RECORDING OFFICER

This is to certify that the foregoing Resolution is a true and correct copy of a resolution which was duly and regularly introduced and finally adopted at the meeting of the

_____ held on the
Governing Body/Board of Directors

_____ day of _____, 200_____ and duly recorded in my office; that all requirements of law pertaining to the conduct of said meeting and the passage of this resolution were observed; and that I am duly authorized to execute this certificate.

DATED this _____ day of _____, 200_____

SEAL

Signature of Certifying Officer

Title of Certifying Officer

Name of Certifying Officer

[WS rev'd 3-09]

II. DETAILED COST STATEMENT

STATE OF NEW JERSEY

DETAILED COST STATEMENT-CASH REPORT/CASH REQUEST

DIVISION OF CRIMINAL JUSTICE

(Submit in Triplicate)

1. Organization: _____ 2. Implementing Agency: _____ 3. Project Address: _____ _____ _____ 4. Grant No./Title: _____ 5. Project Duration: _____ From: _____ To: _____	6. Date of this Report: _____ 7. Report No.: _____ 8. Report: _____ 1st (Jan-Mar) _____ 2nd (Apr-Jun) _____ 3rd (Jul-Sep) _____ 4th (Oct-Dec) _____ Final - Year: _____ _____ Other Period: _____ 9. Remarks:
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BUDGET CATEGORIES	SECTION 1 APPROVED PROJECT BUDGET		SECTION 2 THIS REPORT PERIOD'S EXPENDITURES		SECTION 3 CUMULATIVE EXPENDITURES		SECTION 4* CURRENT UNPAID OBLIGATIONS	
	FEDERAL	MATCH	FEDERAL	MATCH	FEDERAL	MATCH	FEDERAL	MATCH
A. Salaries and Wages								
Fringe Benefits								
B. Purchase of Services								
C. Travel, etc.								
D. Consumable Supplies								
E. Facilities								
F. Equipment								
G. Outreach								
H. Victim Aid								
TOTALS								

* Required on all reports. Amounts must be entered on report for last project quarter if additional expenditures are anticipated.

SIDE 2

Implementing Agency: _____ Report: ____1st ____2nd ____3rd
____4th ____Final - Year _____
Project Title: _____ Subgrant # _____

CASH REPORT

	FEDERAL (ONLY)	MATCH (ONLY)
1. Project Status: ____ Ready to begin ____ In Operation ____ Completed		
2. Cash on Hand-beginning of period (Line 6, previous report)		
3. ADD: cash received during period by subgrantee. This refers to contracted units of government, not implementing agencies.		
4. SUBTOTAL: cash available during period		
5. DEDUCT: cash disbursed during period (Side 1, Section 2)		
6. SUBTOTAL: cash on hand at end of period		
7. DEDUCT: current unpaid obligations (Side 1, Section 4)		
8. BALANCE: unobligated cash on hand at end of period		

CASH REQUEST

9. Anticipated expenditures* of cash during the period of * (DO NOT INCLUDE OBLIGATIONS FROM #7 ABOVE)		
10. DEDUCT: unobligated cash on hand (Line 8, above)		
11. Cash requested from DCJ		

For DCJ Use

12. DEDUCT: cash forwarded, not received by subgrantee		
13. Cash to be forwarded by DCJ		
14. TOTAL FUNDING		

Reviewed: _____ Approved: _____
Posted: _____
Remarks: _____

SUBGRANTEE CERTIFICATION: I certify that this information is taken from the Books of Account and that such costs are valid and consistent with the terms of the Grant.

PROJECT DIRECTOR FINANCIAL OFFICER

Contact for information and corrections: _____
Name Telephone #

FAILURE TO SUBMIT FORM 50/54 SIGNED (space labeled "Payee Signature") WILL DELAY ADVANCES TO LOCAL UNITS OF GOVERNMENT
FAILURE TO NOTIFY DCJ OF NEW OR REVISED ACCOUNT NUMBERS WILL DELAY ADVANCES TO STATE AGENCIES

INSTRUCTIONS FOR **FEDERAL QUARTERLY DETAILED COST STATEMENT**
CASH REPORT, CASH REQUEST--FORM 107

I. Frequency and Dates for Reporting

All reports are due fifteen (15) working days after the end of each calendar quarter. Reports must be submitted for each active grant, even though no funds are being requested or no expenditures were made during the reporting period. Therefore, three copies of a report (one with original signatures) must be submitted for each calendar quarter of the contract period, and any approved extensions.

II. Detailed Cost Statements Side One

The purpose of the Detailed Cost Statement is to provide DCJ with necessary information on the expenditure of Program funds in connection with each grant. This report also is to provide DCJ with necessary information on expenditures by approved cost category and to compare expenditures to the approved project budget. Be sure to complete the top portion of Side One (Grantee Information) and include the grant number, report number and period, etc.

Budget categories for reporting expenditures are the same as those on the budget pages of the grant application.

1. The Approved Project Budget amounts (Section 1) must agree with the budget application submitted by the Grantee and approved by DCJ.
2. The Expenditure Section (Section 2) should reflect all cash disbursements during the period.
3. The section entitled "Cumulative Expenditures" (Section 3) must show all expenditures, by cost category, since the beginning of the project.
4. The section entitled "Current Unpaid Obligations" (Section 4), again by category, should show formal obligations outstanding as of the end of the report period. Unpaid obligations generally represent signed purchase orders or contract payments currently due (outstanding accounts payable) and expected to be paid during the contract period.

III. Cash Report Side Two

The purpose of the cash report is to provide DCJ with necessary information on the receipt and disbursement of Program funds and on existing cash balances.

The following statements refer to numbered items on the Cash Report section:

1. Check appropriate box.
2. Cash on hand--at beginning of period. The first column labeled State and Match are to be used to show the receipt and disbursement of State and Match Share funds under this program. The amount listed on Line 2, Cash on hand--beginning of the period, must agree with the Cash on hand from Line 6 from the previous report. Note: If this or any following amount is a negative amount, place the negative amount in parentheses ().
3. State and/or Match share received during the period by the Grantee unit of government. Show actual cash received.

4. Subtotal: Cash Available during the period--add Line 2 and Line 3.
5. State and Match Share cash disbursed during the period--must agree with Section 2 of Side One (the front side) of this report.
6. Subtotal: Cash on hand at the end of the period--subtract Line 5 from Line 4.
7. Current unpaid obligations. This amount must agree with Section 4 from the front of the form.
8. Subtract Line 7 from Line 6.

IV. Cash Request

The Cash Request is the basis for DCJ disbursement of grant monies under this program.


1. When funds are requested by a city or county, a properly filled out and signed State Payment Voucher, Form 50/54 is required.
2. State agencies must submit NJCFS appropriation screens for both federal and match portions. Failure to submit the proper forms will delay the transfer of monies.

V. Certification

One original copy of the Detailed Cost Statement must be signed by the Project Director and the Financial Officer designated in the approved project application. Print or type the name and telephone number of a contact person who can answer questions concerning the form.

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III. STATE OF NEW JERSEY PAYMENT VOUCHER

	STATE OF NEW JERSEY PAYMENT VOUCHER (VENDOR INVOICE)				DOCUMENT			BATCH			ACTG PER.	FY					
					TC	AGY	NUMBER	TC	AGY	NUMBER							
	PO #				PV DATE			PP START		SCHED PAY		CHK	OFF	F	RF	CK	(A) VENDOR ID NUMBER
					MO	DY	YR	MO	DY	YR	CAT	LIAB	A	TY	FL		
CONTRACT NO		AGENCY REF		BUYER	(B) TERMS		PAYEE: SEE INSTRUCTIONS FOR COMPLETING ITEMS (A) THROUGH (G)				(C) TOTAL AMOUNT						
(D) PAYEE NAME AND ADDRESS							(E) SEND COMPLETED FORM TO: State Office of Victim Witness Advocacy Division of Criminal Justice 25 Market Street, P.O. Box 085 Trenton, New Jersey 08625-0085										
(F) PAYEE DECLARATIONS																	
I CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS, THAT THE DESCRIBED GOODS OR SERVICES >>>>> HAVE BEEN FURNISHED OR RENDERED AND THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT. PAYEE SIGNATURE PAYEE TITLE BILLING DATE																	
LINE NO	REFERENCE				LINE	(G) PAYEE REFERENCE											
	CD	AGY	NUMBER														
1																	
2																	
3																	
	FUND	AGCY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-OBJ	REV SRCE	SUB-REV	PROJECT / JOB NO						
1																	
2																	
3																	
	RPT CT	BS ACT	DT	DESCRIPTION			QUANTITY		AMOUNT			ID	PF	TX			
1																	
2																	
3																	
ITEM NO.	COMMODITY CODE / DESCRIPTION OF ITEM				QUANTITY	UNIT	UNIT PRICE				AMOUNT						
											TOTAL						
CERTIFICATION BY RECEIVING AGENCY: I certify that the above articles have been received or services rendered as stated herein.																	
..... Signature																	
..... Title Date																	
CERTIFICATION BY APPROVAL OFFICER: I certify that this Payment Voucher is correct and just, and payment is approved.																	
..... Authorized Signature																	
..... Title Date																	

PAYEE INSTRUCTIONS
ITEMS (A) THROUGH (G) ARE TO BE COMPLETED BY PAYEE

(A). VENDOR IDENTIFICATION NUMBER

Complete the payee identification field with the federal employer identification number assigned to the business or the social security number if the payee is an individual.

(B). TERMS

The terms of sale, such as "Net," "2% fifteen days," etc.

(C). TOTAL AMOUNT

Enter the total amount of this payment voucher.

(D). PAYEE NAME AND ADDRESS

The name of the individual or company to whose name the check should be drawn and complete address where the check shall be mailed.

(E). SEND COMPLETED FORM TO:

The Department, Division, Bureau or Institution to whom the materials or services were furnished.

(F). PAYEE DECLARATION

Payee must sign the declaration and date the payment voucher is prepared.

(G). PAYEE REFERENCE NUMBER

Payee must show his own invoice or billing number or any other identification for reference purposes. This information is recorded on the check stub and aids the payee to identify the invoices which have been paid. Do not use more than 30 characters.

PAYEE IS TO COMPLETE THE SCHEDULE OF ITEMS OR SERVICES SHOWING QUANTITY, UNIT PRICE AND AMOUNT. IF THE NUMBER OF ITEMS EXCEED THE SPACE, ATTACH A SCHEDULE SHOWING THE REQUIRED INFORMATION.

TO ENSURE PROMPT PAYMENT, SEND COMPLETED PAYMENT/VOUCHER TO THE DEPARTMENT/AGENCY SHOWN IN ITEM (E).

VENDORS MAY BE ENTITLED TO INTEREST ON PAYMENT VOUCHERS IF PAYMENT IS NOT MADE WITHIN 60 DAYS OF ACCEPTANCE OF A PROPERLY EXECUTED PAYMENT VOUCHER OR RECEIPT OF GOOD OR SERVICES, WHICHEVER IS LATER. **INQUIRIES SHOULD BE MADE DIRECTLY TO THE DEPARTMENT OR AGENCY SHOWN IN ITEM (E).**

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IV. GRANT ADJUSTMENT INSTRUCTIONS AND REQUEST FORM

INSTRUCTIONS–Grant Adjustment Request Form

The Grantee is permitted to transfer funds between or within budgetary categories, provided the transfer does not affect any category by an amount in excess of \$100. Any transfer of funds between categories that will exceed the \$100 limitation requires prior written approval from DCJ on this form (DCJ 108). Any change made to the budget allotment within the discretionary limits of the grantee should be explained on the remarks section of the cash report which reflects the changes.

The following explanations are to assist in the preparation of the Grant Adjustment Request Form.

1. Budget categories for reporting expenditures are the same as those on the project budget.
2. This request must show proposed changes in each category of DCJ funds and required cash.
3. When completing the Grant Adjustment Request Form the columns under the heading *Approved Project Budget* should be used to depict the *present operating budget*. The present operating budget should be either that budget initially approved by DCJ, or if prior revision(s) have been requested, the latest approved budget modification.
4. Columns headed *Proposed Transfers* are to be used to reflect dollar amounts and categories to be affected by the fund transfer (example: Category A + \$100; Category B - \$100). Changes in the grants share as well as requested transfers of DCJ funds must be reflected. Note that transferred amounts should total zero.
5. Columns headed *Requested Operating Budget* should reflect the newly proposed budget in its entirety. The total budgeted under DCJ share should agree with the amount budgeted under *Approved Project Budget*.
6. Upon receipt of written approval of the Grant Adjustment Request Form, the proposed budget will become the project's new operating budget. New budget amounts should be reflected on the subsequent Detailed Cost Statement. Do not report proposed changes prior to receipt of the written approval by DCJ.

BUDGET REVISION NARRATIVE: Grantees should add as many continuation pages as necessary to relate the proposed changes to project activities and complete the required justification and explanation of those changes. Explain the sources to be utilized for any additional matching contributions. Enumerate those proposed changes of expenditure items that require prior approval, as specified in the *Program Administration and Funding Guidelines*, so prior approval may be considered at the time the request for budget revision is made.

Line items within categories which will be affected by the proposed fund transfer should be detailed in the narrative. Purchase of additional goods or services resulting from the budget modification should be itemized and explained. Goods or services to be deleted or continued at a reduced level in order to accommodate the proposed fund transfer should also be itemized and explained.

GRANT EXTENSION NARRATIVE: If a request for grant extension also involves budget modification, instructions for the budget revision should be followed. Additionally, the extension request must be forwarded to DCJ prior to termination of the approved grant period. In an effort to aid analysis of the extension request, grantees are also encouraged to include in the narrative a projection of expenditures through the final approved month of the project. Such a projected cost schedule will provide DCJ and the grants with a financial basis for determining the length of the extension period.

BUDGET CATEGORIES	APPROVED PROJECT BUDGET		PROPOSED TRANSFERS		REQUESTED OPERATION BUDGET	
	FEDERAL	MATCH	FEDERAL	MATCH	FEDERAL	MATCH
A. Salaries and Wages						
Fringe Benefits						
B. Purchase of Services						
C. Travel, etc.						
D. Consumable Supplies						
E. Facilities						
F. Equipment						
G. Outreach						
H. Victim Aid						
TOTALS						

FOR DCJ USE

1. Organization:

2. Implementing Agency:

3. Project Address:

4. Grant No./Title:

5. Project Duration:

From:

To:

6. Date of Request:

7. GRANT EXTENSION REQUEST

From:

To:

Approved:

Date:

Remarks:

8. Grantee Certification:

Signature: _____

PROJECT DIRECTOR

Signature: _____

PROJECT DIRECTOR